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Montana Morbidity Report

VOL. 1 , NO. 4 . Month of JANUARY

From Morbidity and Mortality Weekly Report, Dec. 30, 1977 (Vol. 26 #52) Small to medium-sized outbreaks of infectious hepatitis continue to occur in Montana. The following are excerpts from the recommendations of the U.S. Public Health Service Advisory Committee on Immunization practices.

ISG AND HEPATITIS A

Numerous field studies during the past 2 decades have documented the protection against hepatitis A conferred by ISG administered before exposure and during the incubation period. Its relative effectiveness depends on timing and dose. When administered before or within 1-2 weeks after exposure to hepatitis A in the appropriate dose, it prevents illness in 80-90% of those exposed. Also, because ISG may not suppress inapparent infection, long-lasting, natural immunity may result.

The decision to give ISG is based on assessing the possible hepatitis exposure. If the exposure could have resulted in infection, ISG should be given.

ISG should be given as soon as possible after a known exposure. Its prophylactic value is greatest when given early in the incubation period and decreases with time after exposure. The use of ISG more than 2 weeks after exposure or after onset of clinical illness is not indicated.

Dosage

The dosage patterns of ISG in common use have been derived primarily from field and clinical observations. The dose of ISG may vary with the setting in which it is used. In postexposure prophylaxis a dose of 0.02 ml per kilogram of body weight is recommended. In pre-exposure settings, the dosage varies not only with body weight but also with the length of time protection is needed. Specific dosages in specific settings are given below.

Postexposure Prophylaxis

Close personal contact: Close personal contact, as among permanent and even temporary household residents, is important in the spread of hepatitis A. Secondary attack rates are particularly high for children and teenagers. Rates are somewhat lower for adults, but illness tends to be more severe. ISG is recommended for all household contacts who have not already had hepatitis A.

School contacts: Although there is a high incidence of hepatitis A among school-age children, contact at school is usually not an important means of transmitting this disease. Routine administration of ISG is not indicated for pupil or teacher contacts of a patient. However, when epidemiologic study has clearly shown that a school- or classroom-centered outbreak exists, it is reasonable to administer ISG to persons at risk.

Institutional contacts: The conditions in institutions, such as prisons and facilities for the mentally retarded, favor transmission of hepatitis A. While sporadic cases do occur, periodic epidemics of disease are generally most common. The administration of ISG to residents and staff contacts of hepatitis A cases may effectively limit the spread of disease.

Hospital contacts: Routine prophylactic administration of ISG to hospital personnel is not indicated. Emphasis should be placed on sound hygienic practices. Intensive, continuing education programs that point out the risk of exposure to hepatitis A as well as recommended precautions should be directed toward hospital personnel who have close contact with patients or infective materials.

Office and factory exposure: Routine administration of ISG is not indicated for persons exposed in the usual office or factory situation to a fellow worker with hepatitis.

Common-source exposure: When food, water, or other such vehicle is clearly identified as a common source of infection for multiple hepatitis cases, administration of ISG to others exposed to the same source theoretically could be expected to offer some degree of protection. In actual practice, however, the administration of ISG in this setting has not been shown to confer benefit. The apparent lack of efficacy of ISG appears to result from inherent delays in outbreak recognition with administration of ISG too late in the incubation period to significantly alter clinical manifestations of illness. Therefore, the use of ISG in this setting cannot be routinely recommended.

GUIDELINES FOR PROPHYLAXIS OF HEPATITIS B

The following guidelines are believed to reflect the best available synthesis of current data. It is understood that these guidelines may be subject to change as new information becomes available. Use of ISG refers to lots of material which contain some anti-HBs detectable by PHA techniques. Lots of such material currently manufactured in the United States may be reasonably expected to contain such antibody.

Postexposure Prophylaxis

Acute exposure: The major indication for use of HBIG is following a single acute exposure to a relatively large inoculum of HBV, such as occurs following accidental needlestick or mucosal exposure to blood known to contain HBsAg. HBIG in a dose of 0.05-0.07 ml/k of body weight may be administered as soon as possible within a 7-day period after exposure, with a second, identical dose administered 25-30 days after the first. If HBIG is not available, ISG can be given in the same dosage schedule.

Fetal exposure: Infants born to mothers with acute hepatitis B in the third trimester of pregnancy and HBsAg seropositivity at time of delivery may be given either HBIG or ISG within 7 days of birth. HBIG has been administered as a single dose of 0.13 ml/k of body weight. ISG has been similarly administered at a dose of 0.5 ml/k of body weight.

Pre-exposure Prophylaxis

In certain endemic settings where HBV transmission is known to occur and repeated chronic virus exposure is fully documented, passive immunization may be considered. In these situations, routine serologic monitoring of the HBsAg and anti-HBs status of candidate persons should be a routine component of hepatitis prevention and control.

Although HBIG has been shown in one study to prevent hepatitis B in spouses of individuals with acute HBV infection, recommendations for passive immunization to prevent hepatitis B, presumably acquired by sexual or other such intimate contact, should await further estimates of the magnitude of risk of disease transmitted by these routes, as well as studies of the relative prophylactic efficacies of HBIG vs. ISG.

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	Aseptic Meningitis	Chicken Pox	Encephalitis (Total)	Gonorrhea	Hepatitis Infectious	Hepatitis Serum	Influenza-like Disease	Measles	Meningococcal Disease	Mumps	Rubella	Strep Infectio Scarlet Fever	Salmonella	Shigella	Tuberculosis	Animal Rabies
Beaverhead																
Big Horn		2		13	5		8					14			1	
Blaine		1		2	4							43				
Broadwater																
Carbon																
Carter																
Cascade		85		20			20					88				
Chouteau				1			290									
Custer		2										37				
Daniels																
Dawson				1			1					2				
Deer Lodge							3					20				
Fallon																
Fergus				6												
Flathead				5	6								1			
Gallatin		3		12			78					78				
Garfield																
Glacier		1		7	1							61				
Golden Valley																
Granite																
Hill				8								7	1			
Jefferson																
Judith Basin																
Lake				8								1				
Lewis & Clark	1	1		6								4				
Liberty							3					3				
Lincoln		15			10											
McCone																
Madison																
Meagher							3					6				
Mineral							66					1				
Missoula		1		20	1							7				
Musselshell				1												
Park				1												
Petroleum																
Phillips																
Pondera																
Powder River																
Powell																
Prairie																
Ravalli				1			27					15				
Richland																
Roosevelt				12												
Rosebud				7	1							1				
Sanders																
Sheridan		3					2									
Silver Bow		39		5			66			4		119				
Stillwater																
Sweet Grass																
Teton																
Toole												2				
Treasure																
Valley				2								6		2		
Wheatland								2								
Wibaux																
Yellowstone				36	2								2			
TOTALS THIS MONTH 1978	1	152	0	174	30	0	567	2	0	4	0	515	4	2	1	0
1977	0	57	0	171	21	0	104	114	0	0	3	300	2	0	0	3
1976	0	80	0	172	9	0	235	0	1	2	1	300	8	13	5	6
REPORTED TO DATE 1978	1	152	0	174	30	0	567	2	0	4	0	515	4	2	1	0
1977	0	57	0	171	21	0	104	114	0	0	3	300	2	0	0	3
1976	0	80	0	172	9	0	235	0	1	2	1	300	8	13	5	6

Other Reportable Diseases:

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Montana Morbidity Report

Vol. 2, No.2 Month of FEBRUARY

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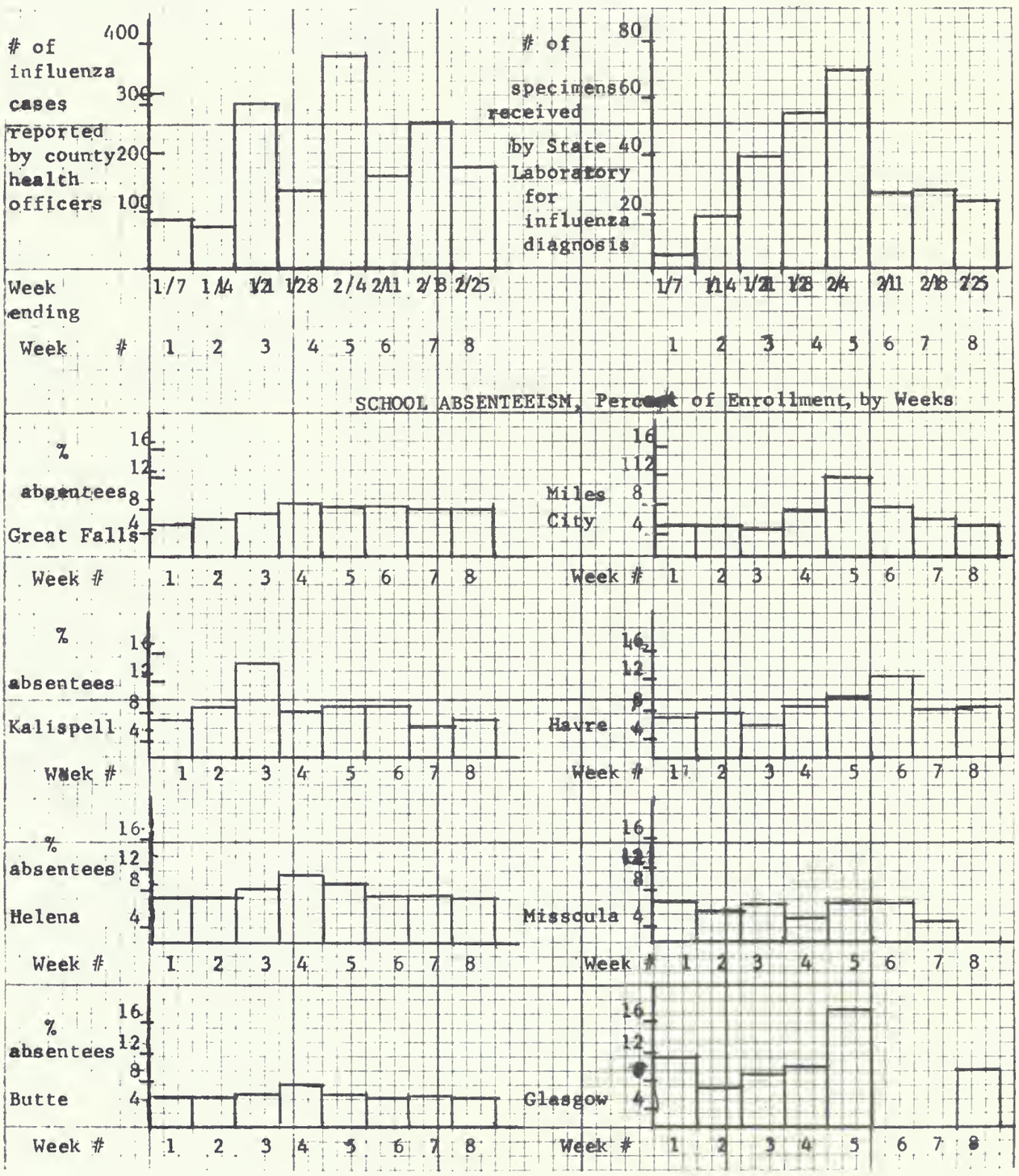
INFLUENZA UPDATE

The graphs below summarize influenza activity in Montana since 1/1/78. There appears to have been a peak in influenza activity toward the end of January and a tapering off since then. A total of 32 positive laboratory diagnosis of influenza have been made. 28 were for A/Texas-like strains; 3 were for either A/Texas or A/Victoria; and 1 is a so-far-untyped influenza A case. No cases of A/USSR have yet been identified in Montana, though it has been identified in 26 other states. When it does appear, we can expect absenteeism up to 50% to 70% in schools and colleges that it hits, but little illness in those over 25 years old.



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Beaverhead																
Big Horn		1		5			35					9				
Blaine				3			37					19				
Broadwater																
Carbon				1												
Carter																
Cascade		38		18			14					93			1	
Chouteau		10					40									
Custer		14										28				
Daniels																
Dawson							150									
Deer Lodge		23					88					16				
Fallon							4					24				
Fergus				3												
Flathead				1												
Gallatin		1		8			83					172				
Garfield																
Glacier		4		5	1	1						46				
Golden Valley																
Granite																
Hill				5			2									
Jefferson																
Judith Basin																
Lake				8												
Lewis & Clark		3		1			24					19				
Liberty							87					12				
Lincoln		13														
McCone																
Madison																
Meagher							4									
Mineral							35									
Missoula		3		24			4					4				
Musselshell				1												
Park																
Petroleum																
Phillips																
Pondera												1				
Powder River				2												
Powell																
Prairie												12				
Ravalli		6					195					25				
Richland				3				1								
Roosevelt															1	
Rosebud				7	2											
Sanders				2												
Sheridan		5														
Silver Bow		22		11			63					49				
Stillwater																
Sweet Grass				2												
Teton												10				
Toole																
Treasure																
Valley				2								3				
Wheatland																
Wibaux																
Yellowstone		2		35	2	1	1									
TOTALS THIS MONTH																
1978	0	145	0	147	5	2	866	1	0	0	0	542	0	0	2	0
1977	0	48	0	154	12	3	115	178	0	1	1	352	2	1	5	0
1976	0	72	0	162	11	0	345	19	0	4	0	406	1	7	6	3
REPORTED TO DATE																
1978	2	299	1	380	92	6	1552	22	1	7	2	1070	4	9	13	0
1977	0	115	0	325	33	3	219	292	0	1	4	652	4	1	5	3
1976	0	118	0	292	19	0	519	19	1	6	1	578	9	17	6	9

Other Reportable Diseases:

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Montana Morbidity Report

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MEASLES

A moderate-sized outbreak of measles (rubeola) has been underway in Richland County since February. At least 30 cases have been seen and diagnosed by local physicians. Control measures, including contact tracing and school-based immunization clinics, have been undertaken by the county health department in cooperation with this bureau. A single case of measles has been reported from Yellowstone County.

Physicians in other communities should be alert for measles in children who have recently travelled to Sidney or Fairview for sporting events, band festivals, etc. Please report cases to 449-2645 (24-hour answering service) or 1-800-332-2288, as well as to your local health department.

INFLUENZA

As indicated in last month's report, influenza activity, apparently all caused by A/Texas-like strains, has tapered off. One woman from Silver Bow County had an acute titer of 1:1280 and a convalescent of 1:2560 to A/USSR. The acute serum was drawn on the sixth day of illness, so a diagnostic titer rise may have been missed.

INFANT BOTULISM

The State Microbiology Laboratory recently sent on to all pathologists and pediatricians a CDC bulletin on the clinical and laboratory diagnosis of this newly recognized syndrome (there has been one documented case in Montana). Copies can be made available to any other interested physicians. Write to Dr. Michael Skeels, State Microbiology Laboratory, Cogswell Building, Helena, MT 59601.

YELLOW FEVER VACCINE

As of February 28, Merrell-National Laboratories no longer makes Yellow Fever vaccine. The only remaining manufacturer is Connaught Laboratories. The last Merrell-National vaccine will expire February 28, 1979. After that date, all certificates must list Connaught as the manufacturer. Otherwise the certificate is invalid and travelers may be denied entry to those countries which require a certificate, or revaccination may be required. (MMWR, 2/24/78).

TICKS

Tick season will be on us again soon. It will be important to be alert for Rocky Mountain Spotted Fever, Colorado Tick Fever, and tick paralysis, tularemia, and relapsing fever.

Rocky Mountain Spotted Fever is characterized by sudden onset, with fever, headache, chills, myalgia, and rash. The macular or maculopapular rash starts about the 3rd or 4th day, usually on the ankles and wrists, and spreads to involve palms, soles and the rest of the body. The fatality rate in untreated cases is about 20%.

Laboratory diagnosis is by complement fixation tests on paired sera two to three weeks apart. Treatment with tetracycline or chloramphenicol therefore must be started before lab results are back.

Colorado Tick Fever (there were 6 cases reported in Montana in 1977) is caused by an arbovirus, not a rickettsia, and no specific therapy is available. Diagnosis is also by titer rise or complement fixation. The vector is the adult hard-shelled wood tick. Illness occurs mainly in April and May at lower elevations. Signs and symptoms include sudden onset of myalgia in the back and legs, fever of 102° to 104°, headache, photophobia, retroorbital pain. Petechial or maculopapular rashes may occur. Fever is frequently (90%) biphasic: about 2 days with fever, 2 days without, then 3 more days of fever.

Tick paralysis is characterized by progressive flaccid paralysis and could be confused with Guillain-Barre Syndrome, polio, polyneuritis, or transverse myelitis. It is caused by a toxin elaborated by an attached tick and is reversible upon removing the tick. Persons working outdoors should be alert for attached ticks, use repellent effective against ticks, and dress in such a way as to prevent tick attachment.

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Beaverhead				1												
Big Horn		4		10			7					18				
Blaine							24					48				
Broadwater																
Carbon																
Carter																
Cascade		37		19	3		4				2	62				
Chouteau							53									
Custer				1			1									
Daniels																
Dawson				2			1					4				
Deer Lodge		5					101					20				
Fallon							9					31				
Fergus				1												
Flathead							3		1							
Gallatin		7		7			49					81				
Garfield																
Glacier				13							3	16				
Golden Valley																
Granite																
Hill				4			7									
Jefferson				2												
Judith Basin																
Lake				4			1									
Lewis & Clark		9		13	1		5					1				
Liberty		2					38					4				
Lincoln				2	3							1				
McCone																
Madison																
Meagher																
Mineral												3				
Missoula				19			12					1	1			
Musselshell																
Park																
Petroleum																
Phillips																
Pondera																
Powder River																
Powell																
Prairie												14				
Ravalli		1					10					12				
Richland				1				27								
Roosevelt		1		6								18				
Rosebud		1		5	1											
Sanders																
Sheridan		8														
Silver Bow		12		10			29					61			2	
Stillwater							1									
Sweet Grass																
Teton																
Toole																
Treasure																
Valley				2								8				
Wheatland																
Wibaux																
Yellowstone				58	1	1										
TOTALS THIS MONTH																
1978	0	87	0	180	9	1	355	27	1	0	5	403	1	0	2	0
1977	0	102	0	146	6	2	147	332	0	1	1	413	2	0	0	7
1976	0	129	0	163	3	2	3421	30	1	1	48	451	1	3	4	0
REPORTED TO DATE																
1978	2	386	1	513	113	8	1910	30	1	7	7	1473	7	10	17	0
1977	0	217	0	471	39	5	366	624	0	2	5	1065	6	1	5	10
1976	0	247	0	455	122	2	3940	49	2	7	49	1029	15	20	10	20

Other Reportable Diseases:

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VOL. 2 NO. 4 MONTH OF: APRIL

Montana Morbidity Report

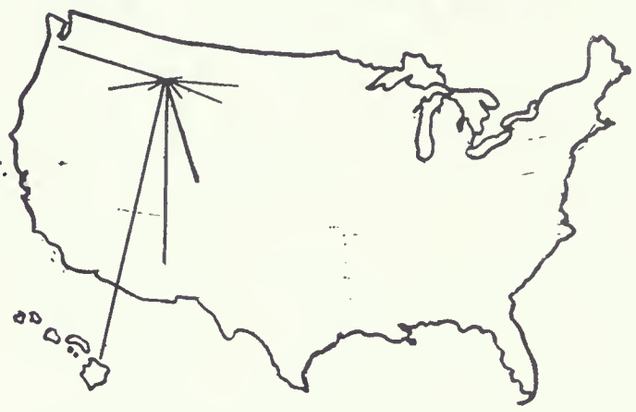
SYPHILIS RATE TRIPLES

On January 24, 1978 Preventive Health Services (PHS), Montana Department of Health and Environmental Sciences, received a telephone request from the New Mexico Department of Health to investigate, for disposition, an 18 year old male contact of a person with infectious** syphilis. At approximately the same time, two apparently unrelated suspect syphilis cases were serologically confirmed by reactive VDRL and FTA tests. Preventive Health Services immediately dispatched two field epidemiologists to investigate the epidemiology of the cases.

As a result of those investigations, two outbreaks of infectious syphilis were identified in addition to two, as yet unresolved, outbreaks beginning in 1977. Seven rural Montana communities, one Montana city, five other states (Figure 1), and 39 individuals (14 cases, 25 exposures) ages 16-33 are involved in the two outbreaks. All 14 confirmed cases have been treated and 7 were found to be uninfected. Approximately 2,100 miles have been traveled and 140 man hours expended in a control effort costing nearly twelve hundred dollars.

Montana is witnessing an increase in syphilis morbidity. In 1976, 16 cases of infectious syphilis were reported and 1977, 17 cases were reported. These were spread out geographically and over a long period of time. However in the first four months of 1978 a total of 15 cases have been documented, of which 14 occurred in three adjacent counties.

Figure 2 represents the largest syphilis epidemic of the three outbreaks in 1978. The two initial cases (indicated by single asterisks) were investigated concurrently but separately and found to be interrelated.



1. Residence of out-of-city contacts named by infectious syphilis patients.

One of the initial investigated cases turned out to be fourth in the chain of transmission from the index case. The index case failed to inform her fiance' that she had been infected with syphilis. The fiance' then exposed 8 other women and reexposed his treated fiancee' while he was infectious. The fiance' was well into secondary syphilis by the time he was diagnosed, and as a consequence several of his infected contacts (the third row in fig. 2) were already infectious when they were diagnosed.

In retrospect, several factors influenced the unusually large size and long duration of the syphilis outbreak:

(1) Lack of clinical suspicion of syphilis (Herpes Simplex Virus was often the clinical impression.)
(2) Routine testing was often not performed on known sexually-active individuals. Some presented with symptoms of syphilis and others with specific requests for VD examinations.
(3) Treatment was often not in agreement with USPHS recommended treatment schedules.
(4) Reporting was often slow, and sometimes neglected.

Avoiding factors like these will inevitably bring a more rapid reduction in disease spread.

Cooperation between public health and private health care providers has been good during and continuing after the major epidemiological push.

It is the purpose of Preventive Health Services Bureau to provide up-to-date information on chronic and communicable disease. Disease surveillance is maintained and expert epidemiological consultation and assistance can be called upon by various groups. Interruption of disease transmission is foremost among the priorities for public health. This is accomplished many times through the Field Health Officers assigned to various areas in the state. Their responsibility is to work closely with all health care providers and actively assist in preventing occurance and spread of infection. Prompt reporting and mutual cooperation

(continued page 3)

** Infectious: Primary, secondary, and early latent less than one year.

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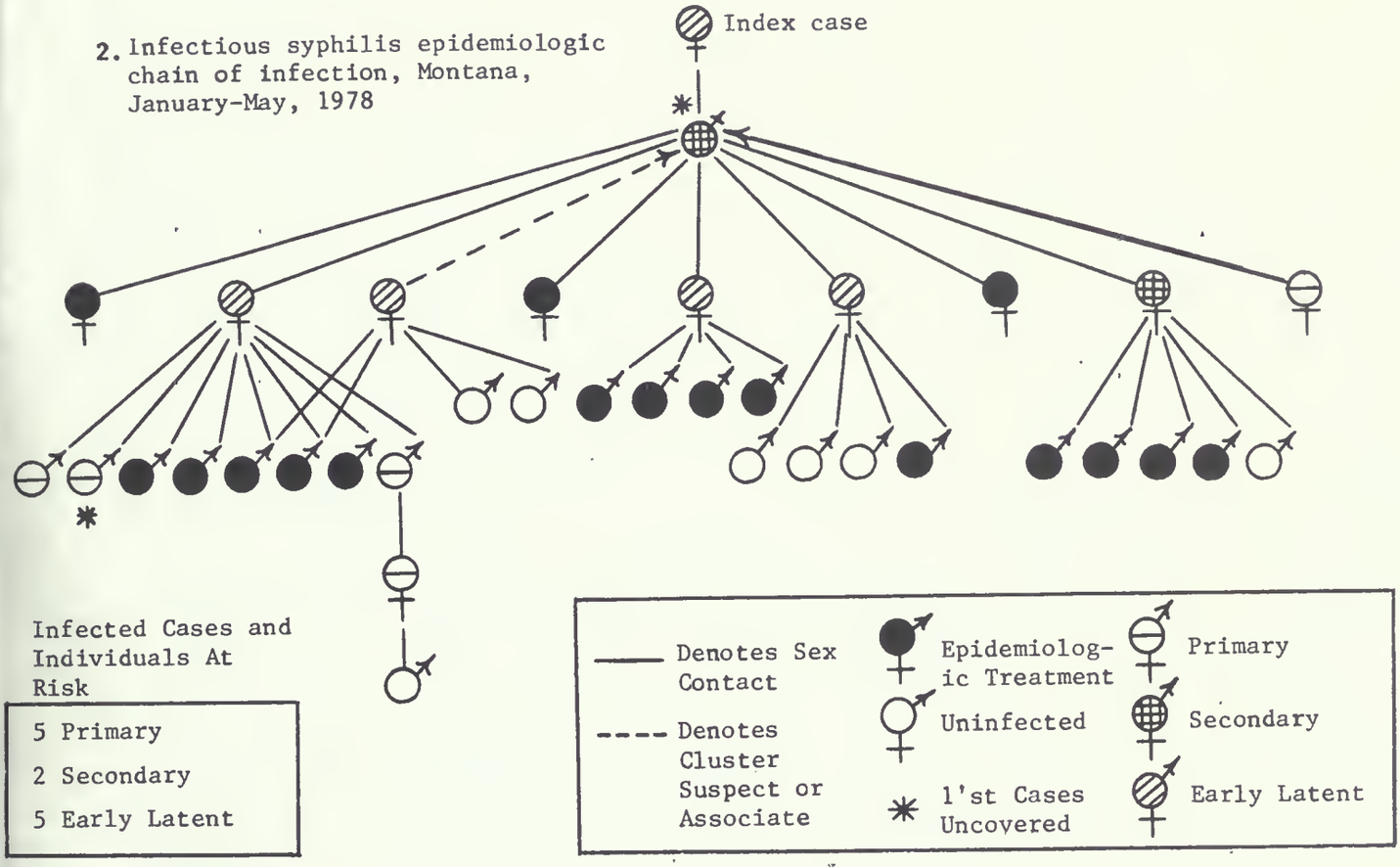
Beaverhead																
Big Horn		5		10			5					28	1	1		
Blaine							5					30				
Broadwater																
Carbon																
Carter																
Cascade		36		22	1		10					55	2			
Chouteau							60									
Custer				2												
Daniels																
Dawson								2								
Deer Lodge		9		2			1					8				
Fallon																
Fergus				3									1			
Flathead				5												
Gallatin		4		10			22	1				91				
Garfield																
Glacier		7		8	1		2	1				16				
Golden Valley																
Granite																
Hill		2		1			1					6				
Jefferson																
Judith Basin																
Lake		1		3								2				
Lewis & Clark				18								2				
Liberty							19					20			1	
Lincoln																
McCone																
Madison				1												
Meagher																
Mineral				1								6				
Missoula		1		17			12								1	
Musselshell												3				
Park																
Petroleum																
Phillips																
Pondera																
Powder River																
Powell												27				
Prairie																
Ravalli		2					37	1				10				
Richland				2				9					1			
Roosevelt				22								7				
Rosebud				9	1							2	1			
Sanders																
Sheridan		12										4				
Silver Bow		15		12			35					79				
Stillwater												2				
Sweet Grass																
Teton					1											
Toole																
Treasure																
Valley				1												
Wheatland				1								16				
Wibaux																
Yellowstone				48									1	2		
TOTALS THIS MONTH	0	94	0	198	4	0	209	14	0	0	0	414	7	3	2	0
1978																
1977	0	129	0	184	3	1	141	253	0	1	0	466	4	1	8	0
1976	0	335	1	121	3	3	605	60	0	6	76	325	10	1	4	14
REPORTED TO DATE																
1978	2	480	1	737	125	11	2119	78	2	7	8	1887	15	16	19	0
1977	0	409	0	681	42	6	561	926	2	3	7	1562	10	2	13	10
1976	0	600	1	604	25	5	4693	125	2	15	166	1390	27	22	16	34

Other Reportable Diseases:

will enhance the success of the overall communciable disease effort.

The Center for Disease Control publishes "Criteria and Techniques for the Diagnosis of Early Syphilis". Copies of this publication are available from the Preventive Health Services Bureau.

2. Infectious syphilis epidemiologic chain of infection, Montana, January-May, 1978



GONOCOCCAL OPHTHALMIA NEONATORUM

Ophthalmia neonatorum is an acute inflammatory condition of the eye or the conjunctival membrane usually occurring within the first three weeks of life. Though a number of bacteria may cause this infection (meningococci, hemophilic bacilli, and chlamydia) the gonococcus is by far the most important pathogen because of its severe morbidity.

In 1881, Carl Siegmund Franz Crede' published his report on the prevention of ophthalmia neonatorum by the application of 2% silver nitrate solution to the eyes of newborns. It was then estimated that 20-79% of children in institutions for the blind, in Germany, were there as a result of ophthalmia neonatorum. By 1883, an abrupt decrease in the incidence of this disease, coincident with the use of silver nitrate prophylaxis, was evident. Prior to prophylaxis, an incidence of 7.8% (in4,057 births) was observed, as opposed to an incidence of 0.17% (in 1,160 births) after the institution of prophylaxis.[1]

The effectiveness of Crede's methods have been well documented. Among new admissions to schools for the blind, the percentage with blindness caused by neonatal ophthalmia fell from 24.1% in 1906-11, when only one state required prophylaxis, to 0.3% in 1958-9, when all states required prophylaxis.

In a recent study of 71 hospitals, more than 20% were not using silver nitrate because of the chemical conjunctivitis that it often causes. Of the hospitals using silver nitrate nearly 90% rinsed the infants' eyes after its instillation in order to lessen the chemical irritation. This study documented no difference in the incidence of chemical conjunctivitis among groups of infants whose eyes were not rinsed at all, rinsed with distilled water, or rinsed with isotonic saline. Furthermore, there was evidence that excessive rinsing would reduce the effectiveness of the silver nitrate.

Chemical conjunctivitis is seen much more frequently with silver nitrate than with the application of topical antibiotics. However, in a study of 900 infants treated with silver nitrate, only 7% had chemical conjunctivitis after 24 hours, and after 48 hours only mild conjunctivitis was observed in 5% of the infants. When properly used, neither serious nor permanent eye damage occurs.[3] The argument that chemical conjunctivitis increases the chance of secondary bacterial infection has not been substantiated in the literature.

Comparative studies with topical antibiotics (penicillin, erythromycin, bacitracin, tetracycline) suggest that some of them are probably as effective as silver nitrate, and superior only in that a lower incidence of chemical conjunctivitis occurs. However, several disadvantages are apparent with topical antibiotics: 1) They are often ineffective against many of the gram-negative organisms (other the gonococcus) which can also cause ophthalmia neonatorum; 2) They may select for the emergence of resistance organisms which may then induce nursery epidemics more easily; 3) Such agents are primarily bacteriostatic (bacter-

iostatic antibiotics do not kill bacteria, but do prevnet them from multiplying) and thus may require multiple instillations; 4) They result in a more frequent incidence of late-onset conjunctivitis; 5) Penicillin sensitivity is a serious problem as in the high incidence of local reactions that results from its topical application.[2,3]

The importance of prophylaxis of gonococcal ophthalmia neonatorum needs to be reemphasized, in light of the pandemic increase of gonococcal infections, especially among women of childbearing age. Discontinuation of silver nitrate prophylaxis is ill-advised, and has in the past resulted in a significant rise in gonococcal ophthalmia in high-risk populations.[3]

The American Academy of Pediatrics, the report of the Commitee on Infectious Diseases (REDBOOK), and the Venereal Disease Division of the Center for Disease Control all recommend that 1% silver nitrate in individual wax ampules be used for prophylaxis against gonococcal ophthalmia. They further recommend to not irrigate the eyes with saline or distilled water following instillation. Alternative agents, deemed "probably effective" by the Center for Disease Control, include tetracycline, erythromycin, or neomycin ophthalmic ointments. Agents which are specifically not recommended include bacitracin ointment and penicillin drops or ointment.[4] Sulfa-containing preparations have never been evalated.

The Montana Administrative Code (16-2.22(1)-S2220(4)(h)(XI)) requires that "Immediately after birth and before the infant leaves the delivery area, a prophylactic solution ordered by the attending physician shall be instilled in the eyes of the infant."

The successful eradication of gonococcal ophthalmia neonatorum ultimately depends upon the eradication of venereal disease. Routine cervical and rectal culturing for gonococci is especially important during both the prenatal period and the third trimester. Without such cultures, asymptomatic gonorrhea in women will be missed, thereby needlessly exposing the newborn to gonococcal organisms, at the time of birth and in the neonatal period.

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The above is modified from an article in 'Texas Morbidity This Week', dated 3/25/78, by Mark Nelson, M.D.

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VOL: 2:5 MONTH OF: MAY

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MEASLES

Activity continues in Richland County, but appears to have stopped at Montana State University (after 3 cases) and in Glacier County.

Please report new cases by calling the toll-free number, 1-800-332-2288. After hours or on weekends, calls to 449-2645 will be referred to an on-duty staff member.

SHIGELLOSIS

An outbreak of diarrheal illness caused by Shigella sonnei has been underway in Dawson County since mid-April. As of late May, a dozen culture-positive cases have been identified. Of these four were hospitalized briefly. Telephone interviewing turned up one to three other clinically compatible illnesses in household contacts of each culture-positive case. A conservative estimate might be that 50 cases have occurred.

One of the original foci of infection was a day-care center. Most, but not all, community cases could be traced to a connection with the center. Three of sixteen children at the center still had positive stool cultures 2 to 3 weeks after their illnesses.

All isolates tested (five so far) have been resistant to sulfa drugs and tetracycline, and sensitive to ampicillin, cephalothin, and chloramphenicol.

Control measures have included:

1) exclusion of infected children from group settings.
2) attempts to identify and treat food-handlers, child-care workers, and health-care workers with shigellosis.
3) culture of family contacts and treatment of those who are positive.
4) education of family members about hygiene-principally hand-washing-to prevent transmission

SMALLPOX VACCINE AND SMALLPOX

The U.S. Public Health Service's Advisory Committee on Immunization Practices has recently put out an update on Smallpox vaccine (see Morbidity & Mortality Weekly Report, 5/12/78, Vol 27, No. 19). Its salient points include:

1) The world's most recent case of smallpox had onset of rash on October 26, 1977, in Somalia. A total of 2 years of effective surveillance must elapse before this last endemic area can be confirmed as free of smallpox.

2) Vaccination is indicated only for
   a) the few laboratory workers who are likely to have contact with the variola virus and,
   b) travelers to countries which continue to require vaccination as a condition for entry.

3) An estimated 4.5 million doses of smallpox vaccine were distributed in the United States in 1977 in the non-military population. This is clearly far more than needed for overseas travelers. Other, unindicated uses should be stopped.

4) In 1968, among approximately 5.6 million primary vaccinees and nearly 8.6 million revaccinees and their contacts, 16 cases of encephalitis, 11 cases of vaccinia necrosun, and 126 cases of eczema vaccinatum are known to have occurred. Nine persons died. Almost half the complications occurred in persons without known contraindications (eczema, pregnancy, altered immune states).

5) There is no evidence that smallpox vaccination has therapeutic value in the treatment of Herpes simplex infection or warts.

FOOD POISONING

Two large outbreaks of food poisoning have been worked up by county health department personel in May, one in Missoula County and one in Silver Bow County. In each case participants noticed onset of diarrhea and abdominal cramps 10 to 12 hours after eating. Meat dishes (beef stroganoff and roast beef au jus) were epidemiolocally incriminated as the vehicles. The responsible agent is not known with certainty in either outbreak. Clostridium perfringers and Bacillus cereus are the most likely choices.

The county health departments are to be congratulated for their thorough work in these cases. Prompt notification of health departments by physicians or citizens would allow culture of food items before they are thrown out and of ill individuals in the acute phase of their illness.

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	Aseptic Meningitis	Chicken Pox	Encephalitis (Total)	Gonorrhea	Hepatitis Infectious	Hepatitis Serum	Influenza-like Disease	Measles	Meningococcal Disease	Mumps	Rubella	Strep Infection Scarlet Fever	Salmonella	Shigella	Tuberculosis	Aniral Rabies
Beaverhead																
Big Horn		1		3								16				
Blaine												18				
Broadwater																
Carbon		1													1	
Carter																
Cascade		20		34								8	1		2	
Chouteau							20									
Custer													1			
Daniels																
Dawson				2								1		17	1	
Deer Lodge				1			1					5				
Fallon		1														
Fergus				1												
Flathead				5	1											
Gallatin				3				1			1	64				
Garfield																
Glacier		7		2							1	14				
Golden Valley																
Granite																
Hill				9								14				
Jefferson																
Judith Basin																
Lake		5		3								2				
Lewis & Clark		15		15								2	1			
Liberty							4					12				
Lincoln				2											1	
McCone																
Madison																
Meagher				1												
Mineral												5				
Missoula				36	2							3				
Musselshell												2				
Park																
Petroleum																
Phillips																
Pondera																
Powder River																
Powell																
Prairie																
Ravalli																
Richland								8								
Roosevelt		2		3								14				
Rosebud				2												
Sanders																
Sheridan		6														
Silver Bow		6		10			19					42	1			
Stillwater		1										1				
Sweet Grass																
Teton												1				
Toole																
Treasure																
Valley														4		
Wheatland																
Wibaux								2								
Yellowstone				18	2					1						
TOTALS THIS MONTH																
1978	0	65	0	150	5	0	44	11	0	1	2	224	4	21	5	0
1977	0	51	0	125	8	2	123	137	0	0	1	358	3	0	6	8
1976	0	100	0	133	0	2	131	38	0	4	32	194	11	4	5	15
REPORTED TO DATE																
1978	2	545	1	874	128	11	2163	94	2	9	11	2111	17	38	22	2
1977	1	441	0	767	50	8	679	1022	2	3	8	1808	12	2	18	18
1976	0	700	1	737	25	7	4824	163	2	19	198	1584	36	26	21	49

Other Reportable Diseases:
Colorado Tick Fever 3

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VOL: 2:12 MONTH OF: DECEMBER

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MEASLES IN SUNBURST

A single measles case occured in an elementary school child in Sunburst, Toole County, in early December. The source was in Calgary, Alberta, where the child had visited and where over 200 measles cases have occurred since October.

A control program was instituted promptly, thanks to rapid reporting of the case by the attending physician, and was made simple, rapid and effective by the fact that the immunization status of every child in the school had recently been ascertained as part of the nation wide Immunization Initiative. In a matter of minutes a list of children (14 in the grade school and 25 in the high school) who needed measles immunization had been compiled, and all had been immunized whithin 48 hours. Effort was thus directed where it was most needed, and children were not revaccinated needlessly.

The volunteer immunization assessment effort in Toole County is to be commended for its excellent work. Only two further cases of measles have occured.

HEPATITIS IN MONTANA

A compilation of data from the CDC hepatitis case report forms (that many of you, dear readers, have so kindly filled out) has recently been made for the year 1977, and we would like to share some of the data with you.

Table 1 shows the numbers of reported cases, case rates, and percent of cases with report forms for Montana and the whole U.S. for 1977.

TABLE 1

	Hepatitis A Cases				Hepatitis B Cases			
	1977 Cases	1978 Preliminary	1977 Rate per 100,000 population	% with report form	1977 Cases	1978 Preliminary	1977 Rate per 100,000 population	% with report form
MONTANA	250	229	32.8	68.0	32	28	4.2	100.0
UNITED STATES	31,153		14.4	48.8	16,831		7.8	49.6

The remaining data are based on the cases where information is available from the case report form.

One hundred twenty-five of 161 hepatitis A cases, or 77.6%, were less than 30 years old, as were 25, or 86.2% of 29 hepatitis B cases.

Table 2 compares certain characteristics of Montana hepatitis cases with the U.S. totals. It seems to be true in Montana as it is elsewhere that a history of drug abuse is obtained more often from hepatitis B patients than from hepatitis A patients, but only from a minority.

TABLE 2

	Hepatitis A			Hepatitis B		
	Montana		U.S.	Montana		U.S.
History of contact	#	%	%	#	%	%
with jaundiced person	71/141	50.3%	27.3%	13/26	50.0%	28.3%
Hx of drug abuse	3/145	2.1%	3.2%	6/26	23.1%	16.5%
Hx of transfusion within 6 mo.	1/158	0.6%	1.88%	1/29	3.4%	6.0%
Hx of recent dental work	23/130	17.7%	17.3%	4/26	15.4%	17.8%
Patient jaundiced	125/157	80.0%	83.4%	27.32	84.4%	75.3%
Patient hospitalized	58/159	36.5%	49.4%	12.32	37.5%	66.5%

The high percentage (50%) of hepatitis A patients who give a history of exposure to a jaundiced person is a little disturbing, in comparison to the national figure, because it suggests that known exposed persons are not getting gamma globulin prophylaxis.

COMMON-SOURCE HEPATITIS OUTBREAKS

The nursing and sanitation sections of the Gallatin County Health department, working together, have worked out a small food-born hepatitis outbreak.

Three of 17 persons who attended a reception in Bozeman in early November developed infectious hepatitis four weeks later. This was the only common event in many months for these three people. The food for the reception - cold cuts, sliced cheese, dip, and crackers - had been prepared the day before and refrigerated overnight. The person who prepared the food was vaguely ill the day she did so, and became jaundiced several days later; she was the index case of infectious hepatitis.

Further investigation turned up at least four other hepatitis cases linked to those in the this outbreak by person-to-person transmission.

The Gallatin County Health Department should be congratulated in its fine work in this investigation. The success of this investigation is a tribute to the importance of cooperation between nurses and sanitarians. This is the kind of investigation by which infected food-handlers in commercial establishments will be identified.

	Aseptic Meningitis	Chicken Pox	Encephalitis (Total)	Gonorrhea	Hepatitis Infectious	Hepatitis Serum	Influenza-like Disease	Measles	Meningococcal Disease	Mumps	Rubella	Strep Infection Scarlet Fever	Salmonella	Shigella	Tuberculosis	Animal Rabies
Beaverhead																
Big Horn		1		16			1					34			1	
Blaine				5								42				
Broadwater																
Carbon				1												
Carter																
Cascade		20		23	1											
Chouteau							30									
Custer																
Daniels																
Dawson												8				
Deer Lodge							4						1			
Fallon																
Fergus				2												
Flathead				10												
Gallatin		1		6	15			1			4	62				
Garfield																
Glacier				7								97				
Golden Valley																
Granite												12			1	
Hill		4		4										3		
Jefferson																
Judith Basin																
Lake		3		1								13				
Lewis & Clark		33		8	6									1		
Liberty																
Lincoln																
McCone																
Madison																
Meagher				1												
Mineral				1			10									
Missoula		6		24								7				
Musselshell																
Park																
Petroleum																
Phillips																
Pondera							2									
Powder River		2														
Powell					1											
Prairie																
Ravalli																
Richland													1			
Roosevelt				28	2							8				
Rosebud				6								64				
Sanders				2												
Sheridan	2															
Silver Bow		5		7		1	7					13	1			
Stillwater		1					4									
Sweet Grass				1											1	
Teton		2										6				
Toole								3								
Treasure																
Valley				2												
Wheatland																
Wibaux																
Yellowstone	2			22	7					1						
TOTALS THIS MONTH	4	78	0	177	32	1	58	4	0	1	4	366	3	14	3	0
1978																
1977	0	79	0	168	32	5	107	7	2	2	0	516	1	13	4	0
1976	0	56	0	140	6	2	72	187	0	2	1	373	1	1	5	1
REPORTED TO DATE																
1978	32	867	9	2199	242	28	3240	108	7	148	22	3992	43	128	58	19
1977	24	814	3	2169	191	29	1383	1177	8	15	17	4461	40	38	52	45
1976	4	1006	1	2072	61	21	5295	520	6	27	297	3816	71	39	54	93

Other Reportable Diseases:

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VOL.: 2:11 MONTH OF: NOVEMBER

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MEASLES

Measles cases continue to be reported form Western Oregon (almost 300) and Eastern Washington. A focus in Calgary, Alberta (about 90) seems to have quieted down.

This Bureau still expects to pursue all reported outbreaks vigorously.

1-800-332-2288 is the number to call.

MENINGOCOCCAL DISEASE

Some publicity has been given to the occurrence of three cases of meningococcal disease in a nine-month peroid in the northern part of Flathead County.

The first case was in a 14-year-old boy, in March, 1978, with meningococcal meningitis; he recovered. The Neiserria meningitidis isolate was ungroupable. The second case of meningitis was in a two-year-old girl with onset in mid-October. Her CSF isolate was not serogrouped. The third case was in an 18-year-old boy, with both meningitis and septicemia, who died in late November. His isolate was Neisseria meningiditis group B.

Montana has an average of seven reported cases of Meningococcal disease per year. The last reported case in Flathead county was in 1968.

The facts that these cases were separated in time by far more than one incubation period (average 3 to 4 days) and that two were of different serotypes suggest that the apparent clustering in space in time is largely coincidental.

Household contacts of meningococcal disease cases are at increased risk of developing disease, but the risk is still low. This Bureau recommends rifampin prophylaxis of close household contacts of sporadic cases, such as these. Meningococcal polysaccharide vaccine is not indicated in this setting.

Serogroup B strains currently cause the majority of U.S. cases. Highest attack rates are in infants. More than two thirds of all meningococcal disease in the U.S. occurs in patients less than 20 years old.

NOTE: This apparent cluster points up the importance of a reliable, ongoing reporting system that generates a baseline and allows new cases of diseases like meningococcal meningitis to be viewed in context.

CALIFORNIA: DISCIPLINARY ACTION FOR FAILURE TO REPORT A REPORTABLE INFECTIOUS DISEASE

The following report is taken from California Morbidity for August 11, 1978.

The Board of Medical Quality Assurance (BMQA) recently took action against a California physician for "gross negligence and incompetence, failure to report to local health authorities a suspected case of an infectious disease in a known food handler".

The reasons for their action were reported as follows:

(1) in March 1976 the physician had examined a patient whom he knew to be a food handler
(2) it was evident to the physician at examination that the patient was jaundiced and possibly had hepatitis
(3) the physician failed to report the patient's condition to local public health authorities
(4) the BMQA declared that the "failure to report a suspected if not known case of an infectious disease in a known food handler was an extreme departure from the standard practice of medicine".

In the common-source outbreak of foodborne viral hepatitis that ensued, at least 62 of more than 103 cases of hepatitis A which became known to the local health jurisdiction were associated directly or indirectly with that food handler. One patient died. The local health department organized clinics and distributed more than 1800 doses of Immune Serum Globulin.

As a result of BMQA's review, the physician was subjected to discipline for violating the Business and Professions Code, Section 2361(b) - gross negligence and 2361(c) - incompetence. He did not contest the allegation and waived his right to a hearing and appeal. The penalty was suspension of his license for 1 year but that suspension was stayed and the physician was placed on 5 years probation, subject to terms and conditions.

NOTE: Although no actions of this kind have been taken or are contemplated in Montana, practicing physicians might want to reflect on the benefits to the public at large of action on public health hazards that come to their attention.

Happy Holidays to You!

	Aseptic Meningitis	Chicken Pox	Encephalitis (Total)	Gonorrhea	Hepatitis Infectious	Hepatitis Serum	Influenza-like Disease	Measles	Meningococcal Disease	Mumps	Rubella	Strep Infection Scarlet Fever	Salmonella	Shigella	Tuberculosis	Animal Rabies
Beaverhead																
Big Horn				4	1		1					22				
Blaine		3					15					48				
Broadwater				1												
Carbon																
Carter																
Cascade	1	18		32						1		2				
Chouteau							50									
Custer		7		4								38				
Daniels																
Dawson												2				
Deer Lodge				2			18					14				
Fallon																
Fergus	1			2												
Flathead		4		8					1							
Gallatin		5		9	3							61	1			
Garfield																
Glacier				21								22				
Golden Valley																
Granite												2				
Hill				2								1		5		
Jefferson																
Judith Basin																
Lake												2				
Lewis & Clark				9	2											
Liberty							3					1				
Lincoln				1												
McCone																
Madison																
Meagher																
Mineral				6								2				
Missoula		5		18												
Musselshell																
Park																
Petroleum																
Phillips																
Pondera							4						1			
Powder River																
Powell												40				
Prairie																
Ravalli				1												
Richland				1									2			
Roosevelt		1		2								17	1			
Rosebud				3												
Sanders																
Sheridan																
Silver Bow		1		6			15					49				
Stillwater							9					4				
Sweet Grass																
Teton												2				
Toole																
Treasure																
Valley				8								43				
Wheatland																
Wibaux																
Yellowstone				25	1									3		
TOTALS THIS MONTH																
1978	2	44	0	165	7	0	115	0	1	1	0	372	5	8	0	0
1977	0	71	0	182	20	2	129	1	1	0	1	479	8	16	2	0
1976	0	64	0	142	3	4	90	40	0	2	0	342	2	0	1	0
REPORTED TO DATE																
1978	30	768	9	2063	217	28	3175	106	5	147	18	3571	36	118	56	19
1977	4	700	3	1977	156	24	1263	1168	6	12	17	3800	38	24	48	45
1976	4	925	1	1863	47	18	5147	286	5	24	295	3243	69	1	44	91

Other Reportable Diseases:

Meningitis, Other Bacterial: 1 case Big Horn County
Secondary Syphilis: 1 case Valley County

VOL: 2:10 Month Of: OCTOBER

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MEASLES

Measles season will be starting soon. Outbreaks have already occurred in Oregon and Washington. The two articles below, both taken from recent editions of the Center for Disease Control's MMWR, deal with measles and put it in a little perspective.

This bureau (Preventive Health) again is taking a very active stance in measles control -- providing active support to local health departments in routine immunization and measles control and holding in reserve the possibility of imposing quarantine on schools where measles outbreaks occur.

We can keep measles to a minimum in Montana -- there isn't a large enough population to sustain measles transmission in the summer, so all cases in Montana are secondary to importations from outside. Outbreaks can be stopped if they are recognized early. (Remember - 1-800-332-2288 for suspected or confirmed measles cases.)

GOAL TO ELIMINATE MEASLES FROM THE UNITED STATES

On October 4, 1978, the Secretary of the Department of Health, Education, and Welfare, Joseph A. Califano, Jr., announced that the United States would seek to eliminate indigenous measles from the nation by Oct. 1, 1982. This goal is a possibility because of the decline in incidence of measles in the U.S. and the major progress that the Nationwide Childhood Immunization Initiative has made in attaining immunization levels of at least 90% in those under 15 years of age by October 1, 1979.

Thus far this year, 24,179 cases of measles have been reported in the U.S., a decline of 55% compared to the same period of 1977. From 1950 through 1959 (the decade before vaccine was licensed), 5,487,332 cases of measles and 4,950 related deaths were reported. In addition to death (occurring in approximately 1 out of 1,000 reported cases), the complications of measles include otitis media, pneumonia, measles-encephalitis, and subacute sclerosing panencephalitis (a rare and fatal degenerative disease).

The availability of an effective vaccine, the absence of a non-human host, and the absence of a carrier state indicate that elimination of indigenous measles from the U.S. is a scientifically valid goal.

The 4 major thrusts of the effort to eliminate measles will be:

1. Increased emphasis on identifying and immunizing susceptible adolescents and young adults, who now represent an important segment of the pool of susceptibles;
2. Increased efforts to broaden school immunization requirements to cover children in all grades (rather than just first entrants) and rigorous enforcement of those requirements;
3. Strengthening of surveillance systems with institution of active surveillance systems where they do not now exist. Active surveillance involves aggressive search for cases that would previously have gone unreported; and
4. Improvements in the efficiency and effectiveness of outbreak-control measures.

Achievement of this goal will depend primarily on the efforts of local and state health departments and on the support they receive from organized medicine and all levels of government. Maintaining this goal, once achieved, will require vigilance and an ability to respond promptly to the importations of measles which are bound to occur.

FATAL MEASLES - UNITED STATES, 1978

CDC has received details of 6 fatal measles cases through the first 40 weeks of 1978 (Table 2). The patients, who came from 4 states* and the Trust Territory of the Pacific Islands, ranged in age from 11 months to 22 years. Three of the 4 from the continental United States who died were adolescents; 1 was a young adult. At least 3 of the 6 patients had encephalitis; 3 of 6, including 2 pre-school children, had respiratory involvement. Two of the patients had apparent underlying illness. Four of the 6 cases occurred during large measles outbreaks.

A history of vaccination with live measles vaccine at or after 1 year of age could not be documented for any of the 6 cases: 3 were definitely unvaccinated, 1 had been vaccinated prior to 1 year of age but had not been revaccinated, and 2 had uncertain vaccination histories.

TABLE 2. Epidemiologic features of 6 fatal cases, United States*, 1978

Age (years)	Sex	Complications	Underlying Condition	Vaccine History
13	M	encephalitis	none	unvaccinated
22	F	pneumonia	splenectomy	uncertain
16	F	encephalitis	none	unvaccinated
13	M	encephalitis	none	live, <1 year
3	F	respiratory distress	none	uncertain
<1	F	pneumonia	malnutrition	unvaccinated

* including Trust Territory of the Pacific Islands

Editorial note: The presence of respiratory and/or neurologic complications in all 6 cases and the existence of underlying disease in 2 of the 6 is characteristic of recent measles fatalities. (1)

The older age of these patients as compared to earlier cases (1) parallels the recently noted upward shift in age distribution of reported measles cases (2). This relative increase in adolescent measles is of some concern because the risk of encephalitis increases with age (3).

The absent or uncertain history of live measles vaccine after 1 year of age in these patients is similar to that reported in a 1975 Colorado survey of complicated or fatal measles cases (4).

Use of measles vaccine over the last 15 years has significantly reduced mortality from measles in this county (1). The anticipated further improvement in measles control (5) will provide a still greater decline in these preventable deaths.

	Aseptic Meningitis	Chicken Pox	Encephalitis (Total)	Gonorrhea	Hepatitis Infectious	Hepatitis Serum	Influenza-like Disease	Measles	Meningococcal Disease	Mumps	Rubella	Strep Infection Scarlet Fever	Salmonella	Shigella	Tuberculosis	Animal Rabies
Beaverhead					1											
Big Horn				8			1					14				
Blaine		2		5			15					30		4		
Broadwater				1												
Carbon				1												
Carter																
Cascade		4		26												1
Chouteau							10									
Custer				4								6				
Daniels																
Dawson				1												
Deer Lodge				1			2					3				
Fallon																
Fergus																
Flathead				9												
Gallatin		1		8								39	1			
Garfield																
Glacier				21								28				
Golden Valley																
Granite																
Hill				9								1				
Jefferson																
Judith Basin																
Lake				7								2				1
Lewis & Clark	1			9								7				1
Liberty							6					9			1	
Lincoln																
McCone																
Madison																
Meagher																
Mineral							30					2				
Missoula				33												
Musselshell																1
Park				1												1
Petroleum																
Phillips				1												
Pondera																
Powder River																1
Powell				1								24				
Prairie																
Ravalli																
Richland				1												
Roosevelt		3		12								9				
Rosebud				11												1
Sanders																
Sheridan																
Silver Bow		2		4			6					47	1			
Stillwater																
Sweet Grass																
Teton																
Toole				1												
Treasure																
Valley				1								31				
Wheatland																
Wibaux																
Yellowstone				37	1								1	1	1	
TOTALS THIS MONTH																
1978	1	12	0	213	2	0	70	0	0	0	0	252	3	5	2	7
1977	1	62	1	229	18	5	126	0	2	2	2	479	2	1	9	0
1976	0	22	0	225	8	3	111	42	1	1	0	361	4	4	2	20
REPORTED TO DATE																
1978	28	724	9	1867	204	28	3060	106	4	145	18	3199	34	112	49	19
1977	4	629	3	1795	136	22	1134	1167	5	12	16	3321	30	8	46	45
1976	4	861	1	1721	39	15	216	216	5	22	295	2871	67	35	43	91

Other Reportable Diseases: Meningitis, Bacterial - 1 Missoula County

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VOL.: MONTH OF: Sept. 1978

Morbidity Report

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INFLUENZA

Influenza season will be with us soon. It will be an interesting year because of the possibility of widespread outbreaks of influenza caused by the H_1N_1 'Russian' strain in young adults and teenagers who have little preexisting immunity.

Influenza should be suspected in individuals with sudden onset of fever, myalgia, and fever over 101°F.

Throat swabs for viral isolation from patients in the acute phase of illness can be sent to the State Laboratory, on ice, in viral transport medium (available in most hospital labs or from the State Laboratory directly). Styrofoam mailers and new viral transport medium will be returned promptly.

Paired sera (one early, one ten days or more later) will be analyzed by the State Laboratory for antibody titer rises to influenza, parinfluenza 2 and 3, adenovirus, and Mycoplasma pneumoniae.

VACCINE RECOMMENDATIONS

The Center for Disease Control has published its final "Influenza Vaccine Recommendations" for the season. These recommendations, including those for high risk children under age 13, are shown in Table 1. It should be noted that the recommendations suggest 2 doses of vaccine 4 weeks apart for persons age 25 and under. Based on previous data, split-virus vaccines have been associated with somewhat fewer side effects than whole-virus vaccines in children. Split-virus and whole-virus vaccines are equally immunogenic.

INDICATIONS FOR VACCINE USE

It is important to point out that these recommendations are only for high risk persons. These include persons over age 65 and other individuals with:

1. Acquired or congenital heart disease associated with altered circulatory dynamics, actual or potential (e.g., mitral stenosis, congestive heart failure, or pulmonary vascular overload).
2. Any chronic disorder with compromised pulmonary functions, such as chronic obstructive pulmonary disease, bronchiectasis, tuberculosis, severe asthma, cystic fibrosis, neuromuscular and orthopedic disorders with impaired ventilation, and residual pulmonary dysplasia following neonatal respiratory distress syndrome.
3. Chronic renal disease with azotemia or the nephrotic syndrome.
4. Diabetes mellitus and other metabolic disease with increased susceptibility to infection.
5. Chronic, severe anemia, such as sickle cell disease.
6. Conditions which compromise the immune mechanism, including certain malignancies and immunosuppressive therapy.

1. MMWR 27:285, 1978

TABLE 1. Influenza vaccine dosage, by age, 1978-79

Vaccine formulation	Age	Product type	Dosage (ml)	Number of doses
Adult*	>26 years	whole virion or subvirion (split virus)	0.5	1
Youth**	13-25 years	whole virion or subvirion (split virus)	0.5	2†
	3-12 years	subvirion (split virus)	0.25	2†
	6-35 months††	subvirion (split virus)	0.15	2†

* Contains 7 μg each of A/USSR/77, A/Texas/77, B/Hong Kong/72 hemagglutinin antigens.
** Contains 20 μg A/USSR/77 and 7 μg each of A/Texas/77 and B/Hong Kong/72 hemagglutinin antigens.
† 4 weeks or more between doses; both doses essential for good protection.
†† Based on limited data. Since the likelihood of febrile convulsions is greater in this age group, special care should be taken in weighing relative risks and benefits.

PRECAUTIONS

1. Persons with hypersensitivity to eggs should not be given influenza vaccine.
2. There is no evidence that influenza immunization during pregnancy poses any special risk. Since influenza vaccine is a killed virus preparation, it does not share the theoretical risk of live virus vaccines in pregnancy.
3. During the 1976 Swine Influenza Vaccination Program the risk of developing Guillain-Barre Syndrome during ten weeks after vaccination was five to six times greater for vaccinated persons. Although it is not known if the current influenza vaccine is associated with Guillain-Barre Syndrome, it must be assumed that this risk may be present. Even though the risk is extremely low, persons receiving influenza vaccine should be informed of it and advised to balance this risk against their individual risks of influenza and its complications.

AVAILABILITY OF VACCINE

The vaccine is being manufactured by four pharmaceutical firms this year: Wyeth Laboratories; Merck, Sharp, and Dohm; Connaught; and Parke, Davis, and Co. The release of the vaccine has been delayed this year, but it should be available after October 1st. Vaccine will not be available through the State Health Department.

	ASEPTIC MENINGITIS	CHICKENPOX	ENCEPHALITIS (total)	GONORRHEA	HEPATITIS INFECTIOUS	HEPATITIS SERUM	INFLUENZA-LIKE DISEASE	MEASLES	MENINGOCOCCAL DISEASE	MUMPS	RUBELLA	STREP INFECTION SCARLET FEVER	SALMONELLA	SHIGELLA	TUBERCULOSIS	ANIMAL RABIES
BEAVERHEAD			1	1												
BIG HORN				5			9					15				
BLAINE		1		5			1					30		1		
BROADWATER																
CARBON	1		3											2		
CARTER																
CASCADE	2	3		28												
CHOUTEAU							60									
CUSTER																
DANIELS																
DAWSON														2		
DEER LODGE				3			33					4				
FALLON																
FERGUS														6		
FLATHEAD				10										1	1	
GALLATIN				9	1							15				
GARFIELD																
GLACIER				8								7				
GOLDEN VALLEY																
GRANITE						1										
HILL			1	11										7		
JEFFERSON																
JUDITH BASIN																
LAKE				4								3				
LEWIS & CLARK		1		16								1			1	
LIBERTY				3												
LINCOLN					1											
McCONE																
MADISON																
MEAGHER																
MINERAL				2			12					18				
MISSOULA				63												
MUSSELSHELL																
PARK				1												
PETROLEUM																
PHILLIPS																
PONDERA																
POWDER RIVER																1
POWELL																
PRAIRIE																
RAVALLI																
RICHLAND													1			
ROOSEVELT				21								25		1		
ROSEBUD				10										1		
SANDERS																
SHERIDAN																
SILVER BOW				8		1	3					7			1	
STILLWATER												24				
SWEET GRASS																
TETON				1								2				
TOOLE																
TREASURE																
VALLEY														1		
WHEATLAND																
WIBAUX																
YELLOWSTONE	1			45	2	3			1					5		
TOTALS THIS MONTH																
1978	4	5	5	254	4	5	118	0	1	0	1	151	1	27	3	1
1977	1	24	0	214	24	1	89	2	0	0	0	253	7	2	5	12
1976	1	12	0	195	4	0	54	1	0	1	1	264	3	1	4	3
REPORTED TO DATE																
1978	25	705	9	1616	199	25	2913	106	3	141	18	2870	31	103	41	12
1977	3	567	2	1566	118	17	1008	1167	3	10	14	2842	28	7	38	45
1976	4	839	1	1506	31	12	4946	204	4	21	295	2510	63	31	41	71

OTHER REPORTABLE DISEASES:

1 Meningitis, Bacterial - Valley County
1 Typhoid Fever - Deer Lodge County

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TYPHOID FEVER

Two cases of typhoid fever have been confirmed in August. The first was in a 23-year-old Lame Deer woman, who was hospitalized in Billings for gastrointestinal bleeding (apparently secondary to her typhoid illness) in early August. She had been ill for 10 days with headache, fever, and anorexia. She has been treated and is being followed up by the Indian Health Service. IHS investigators are trying to establish a source for her illness. One carrier has been identified but has not been confirmed as the source: this will depend on more detailed investigation of contacts and on serotyping of the *Salmonella typhi* isolates involved.

The second case, with onset August 22, was in a Billings nurse who had close exposure to the first case before the infectious nature of her illness was suspected. She was hospitalized and responded promptly to intravenous chloramphenicol therapy. Her illness included headache, fever, and malaise.

No further cases have been identified either at Lame Deer or among hospital staff in spite of vigorous case-finding and surveillance.

Typhoid fever caused by an organism with appropriate sensitivities is one of the few accepted indications for chloramphenicol. Organisms acquired in the United States can be expected to be sensitive to both chloramphenicol and ampicillin, as this one was; organisms acquired overseas have a much higher chance of being resistant to either antibiotic.

About 400 cases of typhoid fever are reported in the United States each year; 8 cases were reported in Montana in the period 1967-1977. Diarrhea is a relatively unusual feature of typhoid fever; many patients are constipated, along with their fever, headache, prostration, and upper respiratory symptoms.

SMALLPOX VACCINE

The U.S. Public Health Service has announced that the United States will no longer require smallpox vaccination of any arriving international traveler, since there is no longer any smallpox transmission occurring anywhere in the world. Vaccination is only indicated for travelers to countries which require vaccination as a condition for entry.

ASEPTIC MENINGITIS

22 cases of aseptic meningitis have been reported to the State Health Department in August. Enteroviruses have been isolated from throat swabs, stools, or CSF or several of these, and from other cases of viral illness (rash, gastroenteritis, fever). Specific agents have included ECHO 17 and ECHO 30. At least one case has been reported in each of the following couties: Beaverhead, Big Horn, Blaine, Custer, Gallatin, Golden Valley, Hill, Lake, Lewis and Clark, Sheridan, Silver Bow, and Yellowstone.

There is a marked increase over previous years. It may be in part caused by increased reporting and use of the laboratory for viral diagnosis, but is paralleled by an increase in reported aseptic meningitis cases in other Rocky Mountain States (especially Colorado and Utah). Illness has generally been in adolescents and young adults of both sexes, and characterized by headache, low-grade fever, stiff neck, and CSF lymphocytosis with normal sugar and elevated protein.

No cases of disease due to Western Equine Encephalitis virus have been confirmed in man, and only a very few in horses.

MEASLES AND SCHOOL IMMUNIZATIONS REQUIREMENTS

The August 18 issue of Morbidity and Mortality Weekly Reports (MMWR) reported measles data for six states (Alaska, Colorado, Hawaii, Maryland, New Mexico, and South Dakota) that enforce school measles immunization requirements for all students, to the extent of excluding any students who could not document their immune status:

	Reported Measles cases per 100,000 pop. under 18 years old			Reported measles cases
	'75-'76	'77	'78 to date	'78 to date
6 states strictly enforcing laws	47.0	40.6	2.7	83
Remainder of nation	50.4	90.3	35.2	21,856

In the first 31 weeks of 1978, the measles incidence in those 6 states was 92.3% less than the rate in the rest of the U.S. (Montana's rate (39.7 cases/100,000 pop. under 18 years old) is close to the National average.)

	Aseptic Meningitis	Chicken Pox	Encephalitis (Total)	Gonorrhea	Hepatitis Infectious	Hepatitis Serum	Influenza-like Disease	Measles	Meningococcal Disease	Mumps	Rubella	Strep Infection Scarlet Fever	Salmonella	Shigella	Tuberculosis	Animal Rabies
Beaverhead	3															
Big Horn	1	1		14	1		8					24				
Blaine	2	2					2					26				
Broadwater																
Carbon																
Carter																1
Cascade		8		39	1									2		
Chouteau							24									
Custer	1	2		2								4				
Daniels																3
Dawson				1												
Deer Lodge				1												
Fallon																
Fergus																
Flathead				1											1	
Gallatin	1			2								15		1		
Garfield																
Glacier				22	1							22				
Golden Valley	1															
Granite																
Hill	1			3											2	
Jefferson																
Judith Basin																
Lake	1			5												
Lewis & Clark	1			15												
Liberty												9				
Lincoln					2											
McCone																
Madison																
Meagher																
Mineral																
Missoula				20	4									1		
Musselshell																
Park				1												
Petroleum																
Phillips														1		
Pondera				1												
Powder River																
Powell																
Prairie																
Ravalli																
Richland				2												1
Roosevelt		5		14										3		1
Rosebud				8	1											
Sanders																
Sheridan	1			1												
Silver Bow	1			13			5					60				1
Stillwater																
Sweet Grass																
Teton												22				
Toole																
Treasure																
Valley				1								22		8		
Wheatland																
Wibaux																
Yellowstone	5		2	51	2	1			1					3	2	
TOTALS THIS MONTH																
1978	19	18	2	218	12	1	39	0	1	0	0	204	0	21	3	7
1977	0	13	2	261	25	1	43	8	0	1	0	242	3	0	6	0
1976	0	19	0	223	7	1	30	1	0	0	2	272	10	2	7	13
REPORTED TO DATE																
1978	22	700	4	1438	187	20	2795	106	3	141	17	2719	30	76	40	11
1977	2	543	2	1352	94	16	919	1165	3	10	14	2589	21	5	33	33
1976	3	827	1	1311	27	12	4892	203	4	20	294	2246	60	30	37	68

Other Reportable Diseases:

COLORADO TICK FEVER: 1 Ravalli County
TYPHOID FEVER: 1 Big Horn County, 1 Yellowstone County

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POLIOMYELITIS

Recent reports of several confirmed cases of poliomyelitis in Canada have prompted some concern about spread of the disease into Montana. This seems very unlikely: all the cases of polio in Canada have been in members of a religious group that refuses immunizations, and there has been no spread within Canada outside that denomination. The source of infection for the Canadian cases appears to have been communities of the same religious group in Holland. Although there have been 95 cases of polio and one death from polio in Holland, all of these cases have been in members of this same religious group. (Polio cases are tapering off now in Holland, with only 12 cases in July compared to 58 in June.)

The religious group in question is not active in Montana. Immunization levels as measured by surveys of two-year-olds and school-enterers appear to be higher than average in Montana communities of largely Dutch descent. These facts make us less concerned about a possible introduction of wild polio virus by visitors from affected areas of Holland.

This might be an occasion to reflect on the fact that wild polio virus is still common in many parts of the world, and can be introduced into developed countries like Holland, Canada, and the United States at any time and in unpredictable ways.

This bureau is intensifying its surveillance for polio and for Western Equine Encephalitis. We would appreciate especially complete reporting of cases of encephalitis, and viral meningitis, either thru local health departments or direct to this Bureau (449-2645, 24-hour answering service).

ENCEPHALITIS

No cases of Western Equine Encephalitis have been documented in humans so far this year, nor has there been an increase in horse encephalitis cases. The State Microbiology Laboratory has received numerous specimens from around the state for diagnosis of a mixed syndrome of fever, headache, lethargy, and mild stiff neck that is probably enteroviral in origin; viral cultures are underway.

For etiologic diagnosis in cases of suspect encephalitis (or viral meningitis), proper specimens for the State Laboratory should include both (1) acute and convalescent sera, for arbovirus - e.g. WEE - diagnosis and (2) a throat and/or stool swab for enterovirus culture- e.g. echo, Coxsackie, polio.

PERTUSSIS

An alert Helena physician diagnosed whooping cough in two sibling toddlers who had been exposed to an ill child visiting from out-of-state. One of these children and an 8-year-old mildly ill contact had positive nasopharyngeal cultures for *Bordetella pertussis*. All three children have now been treated with erythromycin, the drug of choice for pertussis, and no further cases have been reported.

The 14-month-old case had received only a single DTP shot; the 3-year-old had received the primary series but no 18-month booster. The eight-year-old was fully immunized and had a mild illness.

Pertussis is probably underdiagnosed, both because its milder forms are not recognized and because cultures are not routinely performed by local laboratories. The State Microbiology Laboratory can process air-dried smears from nasopharyngeal swabs for fluorescent antibody testing, and will provide special culture medium for pertussis on request.

SHIGELLOSIS ON HIGHLINE

An outbreak of disease caused by *Shigella sonnei* continues in several Highline communities. Nine culture-positive cases have been reported from Glasgow, with at least that many more clinical cases over the last two months. Several clinical cases have occurred in Wolf Point residents, and 2 confirmed and 6 probable cases have occurred in Poplar in a railroad crew. Transmission seems to be person-to-person.

Physicians along the Highline should be alert for a syndrome of malaise for 2 to 3 days followed by vomitting, then fever and diarrhea for from 2 to 10 days. These patients need: 1) stool cultures with sensitivities, 2) presumptive treatment with ampicillin (until sensitivity results indicate otherwise), 3) education about handwashing, 4) evaluation of family and other contacts for possible mild cases, who also need to be treated.

Please report cases promptly to the local health departments and to this Bureau (449-2645).

	ASEPTIC MENINGITIS	CHICKENPOX	ENCEPHALITIS (total)	GONORRHEA	HEPATITIS INFECTIOUS	HEPATITIS SERUM	INFLUENZA-LIKE DISEASE	MEASLES	MENINGOCOCCAL DISEASE	MUMPS	RUBELLA	STREP INFECTION SCARLET FEVER	SALMONELLA	SHIGELLA	TUBERCULOSIS	ANIMAL RABIES
BEAVERHEAD				1												
BIG HORN		3		9			2					16				
BLAINE		12		1								14				
BROADWATER																
CARBON		1														
CARTER																
CASCADE		22		33	1	1									1	
CHOUTEAU							15									
CUSTER		2										2				
DANIELS																
DAWSON				1												
DEER LODGE												2				
FALLON												9				
FERGUS																
FLATHEAD				1									2			
GALLATIN				4			1					11				
GARFIELD																
GLACIER		1		15								24				
GOLDEN VALLEY																
GRANITE																
HILL				3										1		
JEFFERSON				1												
JUDITH BASIN																
LAKE				5												
LEWIS & CLARK				8	2	2										
LIBERTY							3					14				
LINCOLN					18											
McCONE																
MADISON																
MEAGHER				1												
MINERAL												26				
MISSOULA				29	5								1			
MUSSELSHELL																
PARK				3												
PETROLEUM																
PHILLIPS																
PONDERA					1											
POWDER RIVER																
POWELL												38				
PRAIRIE																
RAVALLI																
RICHLAND																
ROOSEVELT				18											1	
ROSEBUD		1		8												
SANDERS																
SHERIDAN																
SILVER BOW				10		2						20				
STILLWATER																
SWEET GRASS																
TETON		2										11				
TOOLE																
TREASURE																
VALLEY				1								15		7		
WHEATLAND																
WIBAUX																
YELLOWSTONE				50	1								1		1	
TOTALS THIS MONTH																
1978	0	44	0	202	28	5	21	0	0	0	0	202	4	8	3	0
1977	0	23	0	202	7	6	97	25	0	2	2	199	3	0	3	5
1976	2	27	0	168	4	1	22	8	1	1	4	187	3	0	8	0
REPORTED TO DATE																
1978	2	682	1	1221	155	15	2756	103	2	136	17	2514	29	53	29	4
1977	0	530	0	1091	69	15	876	1157	3	9	14	2347	18	5	25	33
1976	3	808	1	1088	30	11	4862	202	4	20	292	1947	50	28	29	55

OTHER REPORTABLE DISEASES:

Colorado Tick Fever: 1 Ravalli
Hepatitis, Unspecified: 1 Deer Lodge; 1 Gallatin
Pertussis: 1 Jefferson; 2 Lewis & Clark
Chancroid: 1 Yellowstone

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VACCINE REACTIONS

This Bureau is cooperating in a nation-wide effort to monitor illnesses following administration of vaccines supplied through Immunization Programs. We would like to remind county nurses to check the box at the bottom of the monthly vaccine report form if any apparent vaccine reactions have been brought to their attention. In addition, you may call 1-800-332-2288 (during business hours) or 449-2645 (24-hour answering service) to report vaccine reactions.

RABIES

The season for human exposure to potentially rabid wild animals is with us again. We would like to remind physicians who may be consulted with possible rabies problems that:

1) Currently accepted post-exposure prophylaxis for rabies includes both a series of 23 rabies vaccine injections and a single injection of human rabies immune globulin.

2) Although rabies vaccine is generally available through pharmacists, human rabies immune globulin is available only from the manufacturer (Cutter) or this bureau. It needs to be given immediately if it is to do any good. We can get it any place in the state in less than 12 hours, and are available by telephone for consultation 24 hours a day (449-2645).

3) There has never been a documented case of human or animal rabies contracted through a rodent bite

4) Skunk rabies is prevalent in much of the state east of the Divide, but absent west of the Divide.

ARE MONTANA'S CHILDREN ADEQUATELY IMMUNIZED?

Over the last several years, this bureau has compiled data annually on immunization rates in 16 counties which represent 72.5% of the state's population. The table below shows the percentage of children entering school for the first time (kindergarten or first grade) in September, 1977, whose school health records (filled out by parents at the time of enrollment) show minimal acceptable immunization histories. The percentages are based on children who had complete records; the percentage of enrolled children with missing or incomplete records varied from less than 1% in Yellowstone County to 35.7% in Valley County, and was close to 8% over all. 8,166 children were surveyed.

3 or more doses DPT		3 or more doses polio		Measles		Rubella		Mumps	
Hill	98%	Gallatin	96%	Hill	95%	Hill	93%	Gallatin	87%
Silver Bow	98%	Hill	96%	Gallatin	94%	Gallatin	91%	Missoula	85%
Flathead	96%	Fergus	95%	Missoula	93%	Missoula	89%	Hill	83%
Gallatin	96%	Missoula	95%	Flathead	91%	Flathead	88%	Cascade	77%
Missoula	95%	Flathead	94%	Cascade	86%	Cascade	84%	L & C	75%
Fergus	95%	Lake	92%	L & C	84%	L & C	82%	Custer	74%
Lake	93%	Lewis & Clark	90%	Lake	83%	Custer	79%	Yellowstone	66%
Dawson	90%	Cascade	89%	Custer	75%	Lake	74%	Fergus	63%
Lewis & Clark	90%	Deer Lodge	87%	Yellowstone	75%	Yellowstone	72%	Roosevelt	59%
Cascade	90%	Custer	86%	Roosevelt	73%	Dawson	70%	Dawson	57%
Deer Lodge	89%	Dawson	86%	Lincoln	73%	Fergus	69%	Flathead	57%
Custer	87%	Silver Bow	84%	Dawson	72%	Roosevelt	69%	Lincoln	54%
Valley	84%	Yellowstone	80%	Fergus	71%	Lincoln	66%	Lake	46%
Lincoln	82%	Roosevelt	79%	Deer Lodge	63%	Valley	52%	Deer Lodge	43%
Yellowstone	81%	Valley	76%	Silver Bow	59%	Deer Lodge	43%	Valley	43%
Roosevelt	78%	Lincoln	76%	Valley	59%	Silver Bow	17%*	Silver Bow	22%*
1977 enterers	92%	overall	88%	overall	81%	overall	73%	overall	64%
1975 enterers	87%	overall	86%	overall	77%	overall	66%	overall	47%

* Silver Bow County Schools used a school health form that did not include a space for rubella or mumps immunization.

1) It is encouraging that the percentage of school-enterers immune against diphtheria, pertussis, tetanus, measles, rubella, and especially mumps has risen in the last 2 years.

2) A state in which 19% of school-enterers were never immunized against measles is a sitting duck for large measles outbreaks.

3) Communities in which up to 20 percent of school-enterers have not been immunized against polio would seem to be at high risk for an epidemic if wild polio virus is ever introduced (as it is repeatedly elsewhere, e.g., across the Mexican border).

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JUNE 1978

	Aseptic Meningitis	Chicken Pox	Encephalitis (Total)	Gonorrhea	Hepatitis Infectious	Hepatitis Serum	Influenza-like Disease	Measles	Meningococcal Disease	Mumps	Rubella	Strep Infection Scarlet Fever	Salmonella	Shigella	Tuberculosis	Aniral Rabies
Beaverhead																
Big Horn		11		11			3					13				
Blaine		1		4								22				
Broadwater																
Carbon																
Carter																
Cascade		47		13												
Chouteau						1	54									
Custer																
Daniels																
Dawson																
Deer Lodge				3			5					4		1		
Fallon												20				
Fergus																
Flathead				3												
Gallatin		1		11				1				60				
Garfield																
Glacier				18	2						1	10			1	
Golden Valley																
Granite																
Hill				6												
Jefferson																
Judith Basin																
Lake		5		8								3				
Lewis & Clark		13		15								1			1	
Liberty							1					17				
Lincoln																
McCone																
Madison																
Meagher																
Mineral		1														
Missoula				14	2		1			1	1		1			
Musselshell																
Park																
Petroleum																
Phillips																
Pondera																
Powder River																
Powell																
Prairie												2				
Ravalli																
Richland																
Roosevelt		4		10									1			
Rosebud				11												
Sanders																
Sheridan		2														
Silver Bow		2		13			7					34				
Stillwater																
Sweet Grass																
Teton												2				
Toole																
Treasure																
Valley				2								12				
Wheatland																
Wibaux																
Yellowstone				60				5								
TOTALS THIS MONTH																
1978	0	87	0	202	4	1	72	6	0	1	2	200	2	1	2	0
1977	0	67	0	122	12	1	100	111	1	3	4	340	2	3	4	10
1976	1	81	0	183	1	3	16	31	1	0	30	203	9	2	1	6
REPORTED TO DATE																
1978	2	632	1	1048	146	13	2335	103	2	135	13	2311	23	50	28	2
1977	1	508	0	889	62	9	779	1132	3	7	12	2148	14	5	22	28
1976	1	781	1	920	26	10	4840	194	3	19	228	1787	45	28	22	55

Other Reportable Diseases: COLORADO TICK FEVER, 3-Ravalli, 1-Missoula; HEPATITIS, UNSPECIFIED, 1-Glacier, 1-Flathead; ROCKY MOUNTAIN SPOTTED FEVER, 1-Missoula.

A REMINDER - PROFESSIONAL STAFF MEMBERS OF THE PREVENTIVE HEALTH SERVICES BUREAU ARE AVAILABLE FOR CONSULTATION 24-HOURS A DAY AT 449-2645 (AFTER HOURS AND ON WEEKENDS WE WILL BE REACHED THROUGH AN ANSWERING SERVICE).